## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000047829

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Entity Name: HOOTERS OF CRYSTAL LAKE, INC.

FILED Apr 01, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	. HIGHWAY <sup>.</sup> ATER, FL 33	19 NORTH STE. 100 7632019		
Current Mailing Address:			New Mailing Address:	
	. HIGHWAY ATER, FL 33	19 NORTH STE. 100 7632019		
FEI Number:	: 59-3579641	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
		19 NORTH STE. 100 7632019		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,
SIGNATUF	RE:			
	Electro	onic Signature of Registered Age	ent	Date
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DI GIANNANT	) Delete ONIO, GILBERT RIDGE PLACE DR, FL 34684	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( RANIERI, WIL 949 SKYE LA PALM HARBO	NE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( DROSTE, ED 20 MIDWAY I CLEARWATE	SLAND	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( JOHNSON, D 277 ABERDE DUNEDIN, FL	EN ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	KIEFER, NEIÌ 7296 BRYCE		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL G. KIEFER PD 04/01/2004